



ROW EXCAVATION PERMIT APPLICATION
TOWN OF LEXINGTON
DPW ENGINEERING

REV. 1/7/2016

APPLICANT: _____

DATE: _____

CONTACT: _____

OFFICE TEL.: _____

☐ PUBLIC UTILITY

CELL TEL.: _____

BY APPLICANT

DESCRIPTION:

☐ DRAIN

☐ RESIDENTIAL SERVICE

☐ PIPE/CONDUIT

EXCAVATION LENGTH: _____

☐ ELECTRIC

☐ COMMERCIAL SERVICE

☐ UTILITY POLE

EXCAVATION WIDTH: _____

☐ GAS

☐ MAIN

☐ BORING

☐ SIDEWALK CLOSURE REQUESTED

☐ SEWER

☐ UNDERGROUND

☐ LANE CLOSURE REQUESTED

☐ TELECOM.

STRUCTURE

☐ ROAD CLOSURE REQUESTED

☐ WATER

☐ PARKING METER OBSTRUC. REQ.

☐ OTHER

STREET: _____

☐ STREET

ADDRESS: FROM: _____ TO: _____

☐ SIDEWALK

CROSS STREET: FROM: _____ TO: _____

☐ SHOULDER

MAP:* _____ LOT:* _____ * ONLY IF ADDRESS IS NOT FURNISHED

DIGSAFE No.: _____

☐ WATER MARKOUT- 72 HR Advance Notice

APPLICANT SIGNATURE

PRINT NAME

By Signing you acknowledge
you are performing the work

BY TOWN

SPECIAL REQUIREMENTS

☐ 5 YEAR MORATORIUM

☐ GRANT OF LOCATION

☐ CONTROLLED DENSITY FILL

☐ SPECIAL WORK ZONE SIGNAGE

☐ INFRARED

☐ GUARANTEE TRENCH FOR 5 YEARS

☐ NO PLATES

☐ GRIND TRENCH FOR PERMANENT

☐ NO WORK BEFORE AM

☐ TRAFFIC DETAIL(S)

☐ NO WORK AFTER PM

☐ NOTIFY ABUTTERS

☐ PARKING MEETER BAG FEE

INSPECTION: _____

FEES

EXTRA FOOTAGE: _____

STREET RESTORATION: _____

ENGINEERING DIVISION